

Beloit College

PROFESSIONAL REQUEST FOR INFORMATION

Housing Accommodations

Student's Name _____

To be completed by requesting the student's physician/clinician. Psychiatric disabilities should be documented by a psychologist, psychiatrist, counselor, or other professional trained and licensed to treat and diagnose these conditions. Beloit College retains the right to request additional documentation if needed to determine appropriate accommodations. This form must be completed in full and signed. If the spaces provided are not adequate, please feel free to respond to the questions on letterhead and submit with the remainder of the form completed. You can email the completed form to learning@beloit.edu or mail it to LEADS, Beloit College, 700 College Street, Beloit, WI 53511

Please respond to the following items regarding the student named above:

1. Federal law defines a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment, or is regarded as having such an impairment."

a) Does the student have an impairment that substantially limits any major life activities? If yes, please describe the limitations and/or restrictions in detail.

b) How long has the student been under your care? When was the student/patient last seen by you?

2. Please indicate which of the following housing accommodations you suggest based upon the student's condition:

- ☐ Wheelchair-accessible room/building
- ☐ Wheelchair-accessible shower/bath
- ☐ Kitchen access
- ☐ Non-communal bathroom
- ☐ Strobe alarm

- ☐ Vibration alarm
- ☐ Single Room
- ☐ Meal plan
- ☐ Other

3. Please describe specifically why the suggested accommodations are necessary:

Other Comments:

Please provide your contact information, and sign, and date this form. You may also send this by email with a full signature line to learning@beloit.edu. Thank you for your time.

Name: _____

Date: _____

Address: _____

Telephone: _____ Email address: _____

Signature of Professional: _____ License # _____